

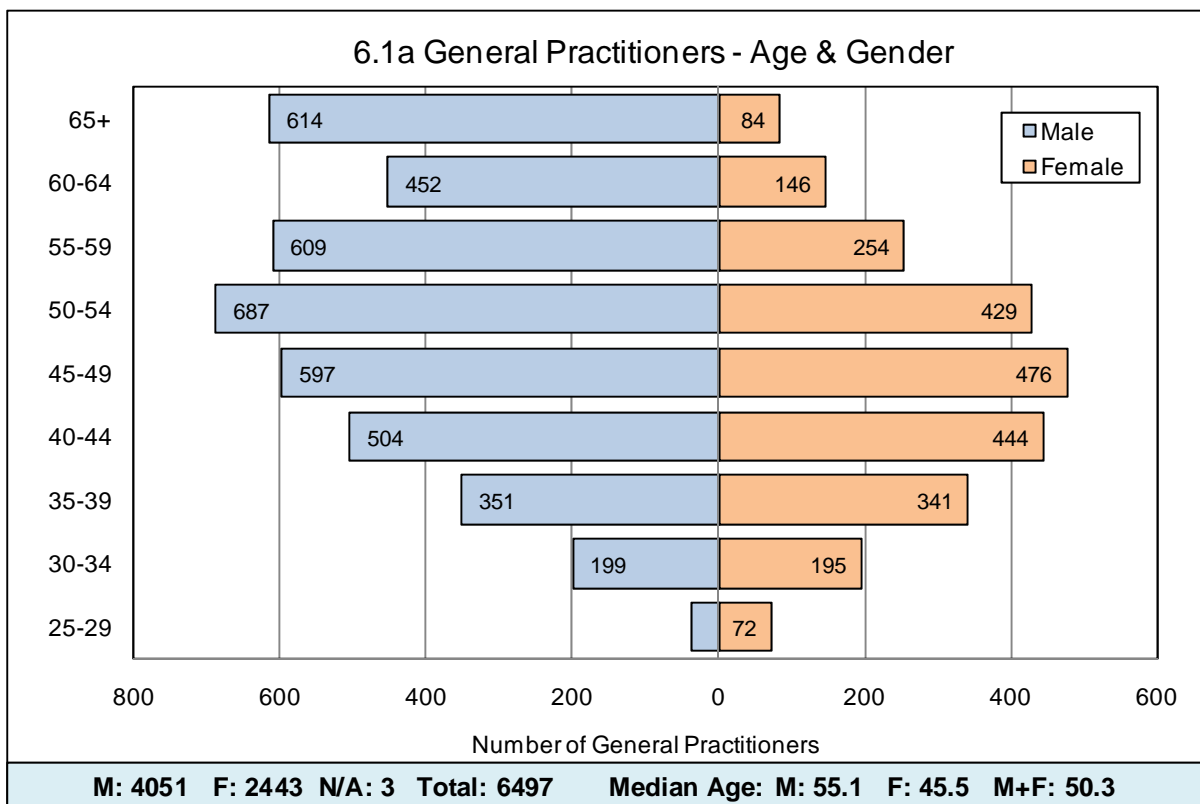
# 6

## GENERAL PRACTITIONERS

There were 6,497 respondents who stated that their main clinical activity was in general practice. They worked for 259,055 hours equivalent to 6,475 FTE just under 1 FTE per respondent, the only clinical category where FTE per respondent was less than unity. The median age of general practitioners was 52.4 years and women represented 38% of the labour force.

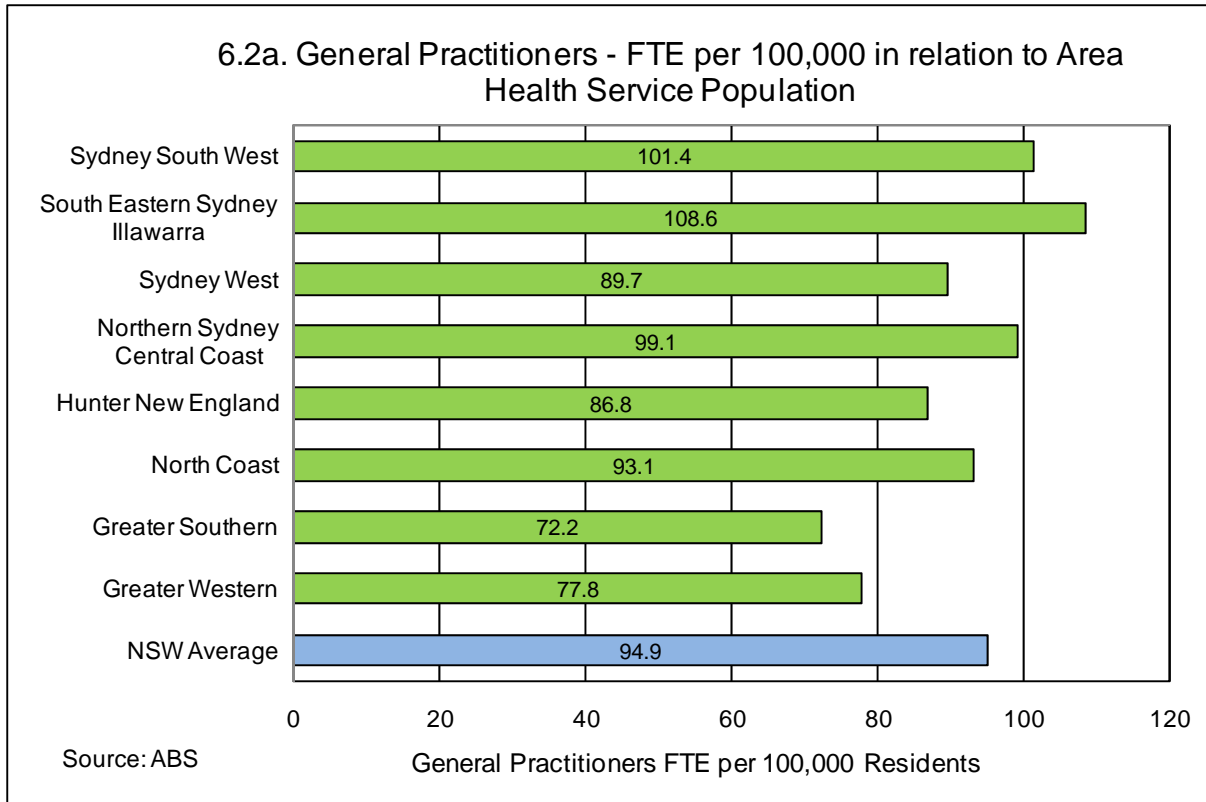
### 6.1 Age and Gender

Chart 6.1a shows the age and sex distribution of general practitioners working in NSW. The most significant feature of the chart is the large number of males aged 65 and over. This group comprises almost 10% of working general practitioners.

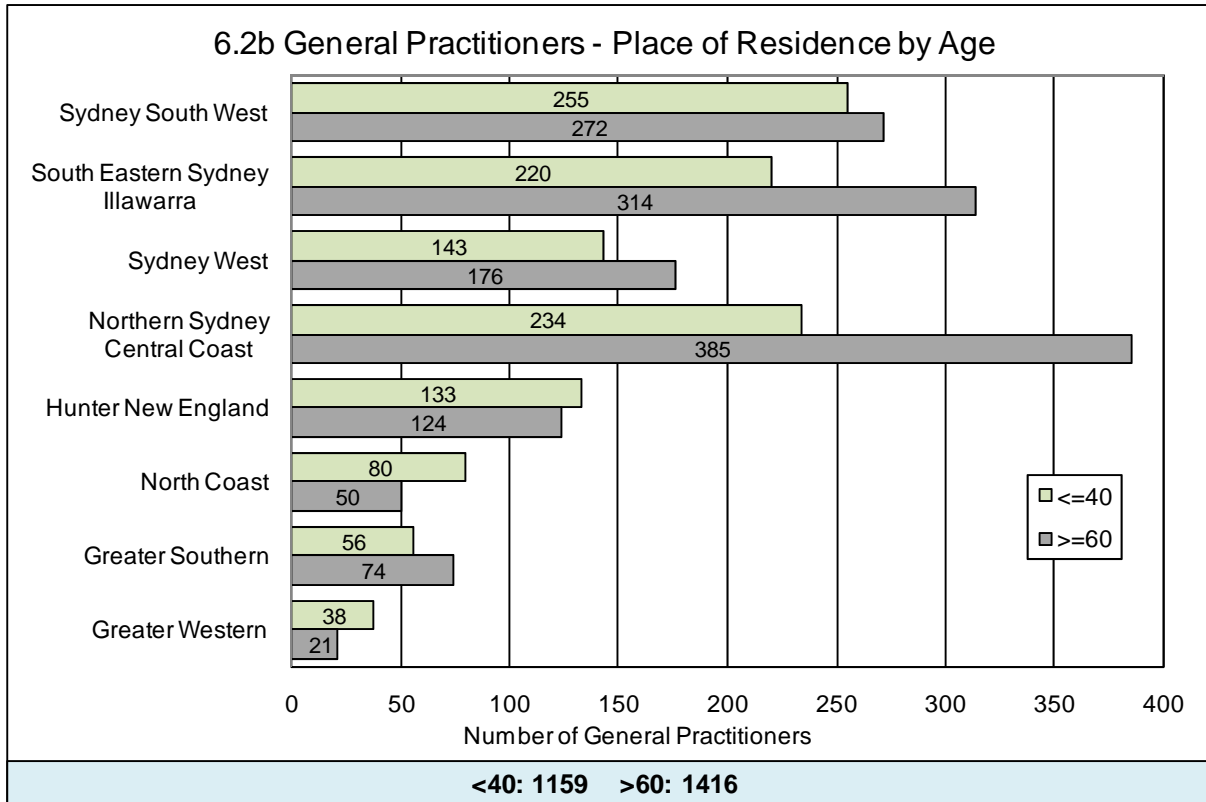


## 6.2 Location of Work and Residence

The geographic distribution of work for general practitioners per thousand resident population is shown in Chart 6.2a expressed in terms of Full Time Equivalents. The Sydney West AHS has below the State average of 95 FTE per thousand but the three other metropolitan Areas have above the average number. All the rural Areas are below the State average with the Greater Southern AHS the least although, as always with this Area, some services to residents will be provided interstate.



The distribution of younger and older general practitioners can be observed in Chart 6.2b which contrasts the location of GP residence for practitioners over the age of 60 with those under the age of 40. The large contrasts are seen in the Northern Sydney Central Coast and the South Eastern Sydney Illawarra AHS where older respondents are more than 50% higher than those in younger ages. Hunter New England, North Coast and Greater Western AHS have more resident GPs under 40 than over 60.



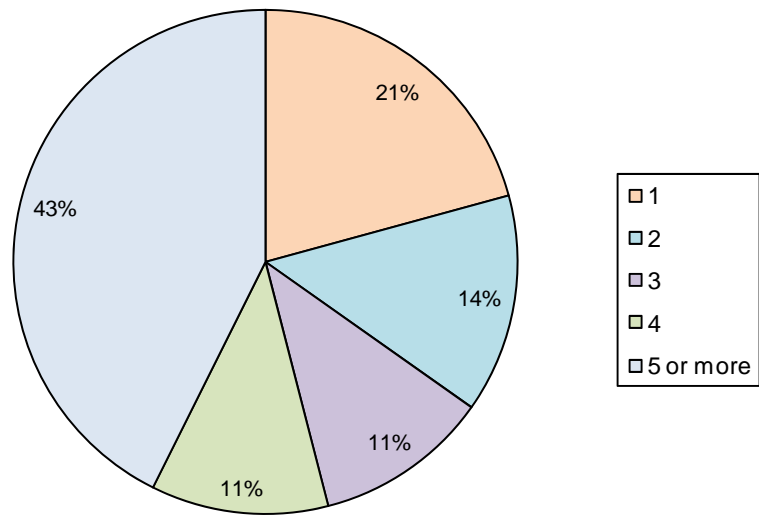
### 6.3 Practice Size

The move to large GP practices is illustrated in charts 6.3a and 6.3b

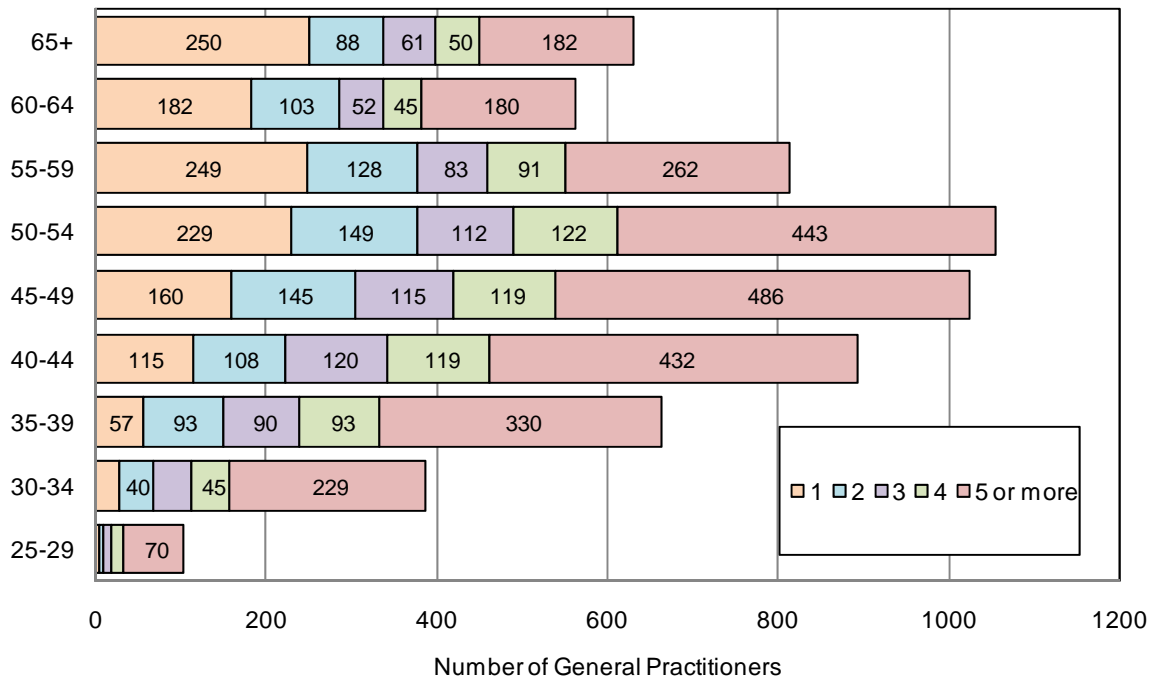
It was found that 43% of general practitioners work in practices with 5 or more practitioners compared to 21% in solo practice.

The age distribution by practice size clearly shows that it is younger GPs who are attracted to the large practices. Under the age of 40, more than 50% are working in large practices. Over the age of 60, there are more GPs in solo practice than in the large practices. The same pattern emerges for practices of 2, 3 and 4. At younger ages, these numbers are approximately equal but at older ages, the two practitioner model is more common than groups of three or four.

6.3a General Practitioners - Practice Size



6.3b General Practitioners - Age & Practice Size



1: 1274 2: 861 3: 688 4: 698 5+: 2617

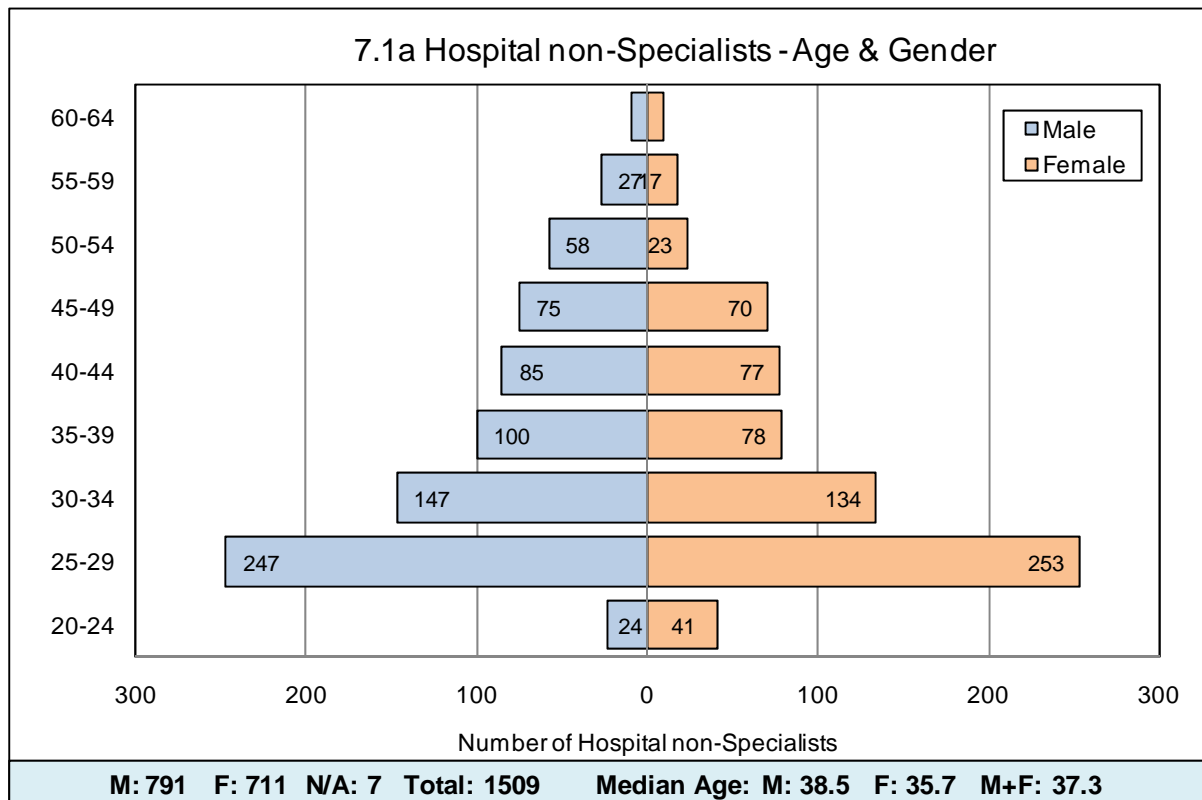
# 7

## HOSPITAL NON SPECIALISTS

There were 1,509 respondents who stated that their main clinical activity was as a hospital non specialist. They worked for 69,020 hours equivalent to 1,725 FTE, a work schedule of 1.14 FTE per respondent. The median age of hospital non specialists was 37.3 years and women represented 47% of the labour force.

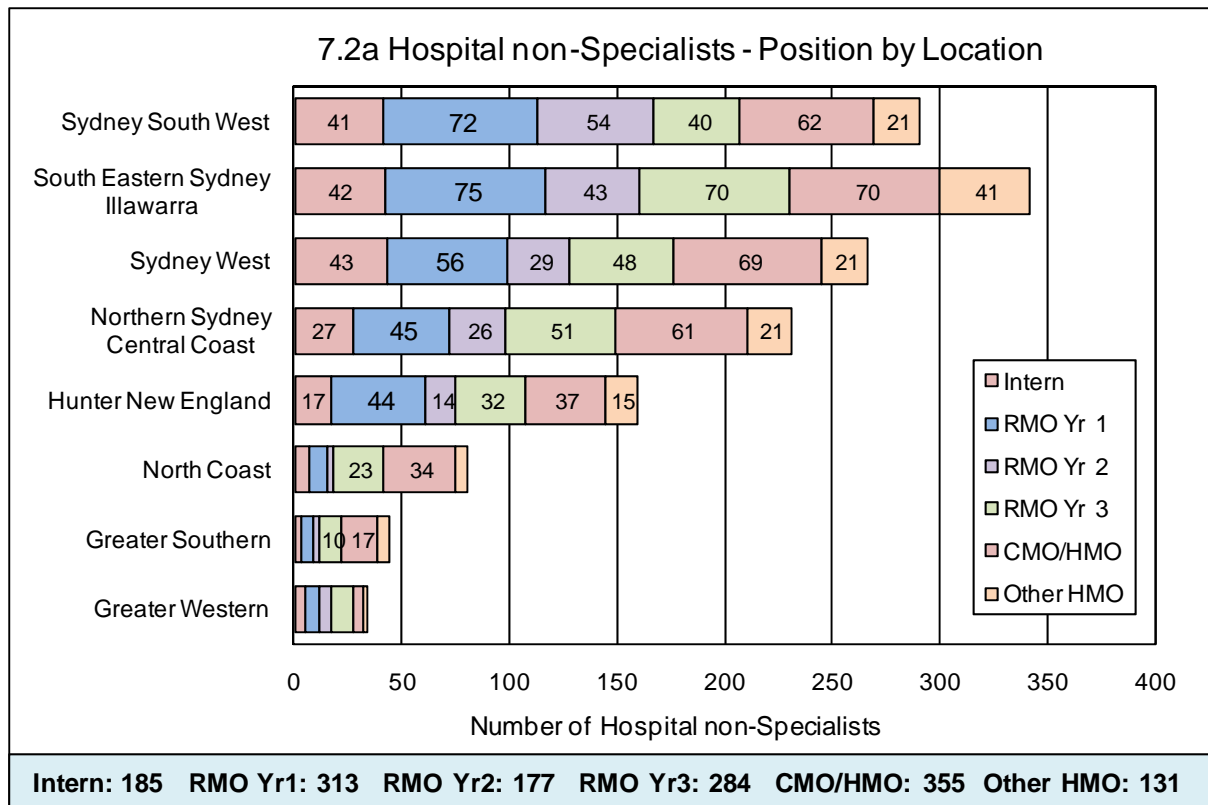
### 7.1 Age & Gender

Chart 7.1a indicates the age and gender of hospital non specialists. The great majority are aged between 25 and 34 and there are equal numbers of male and female.



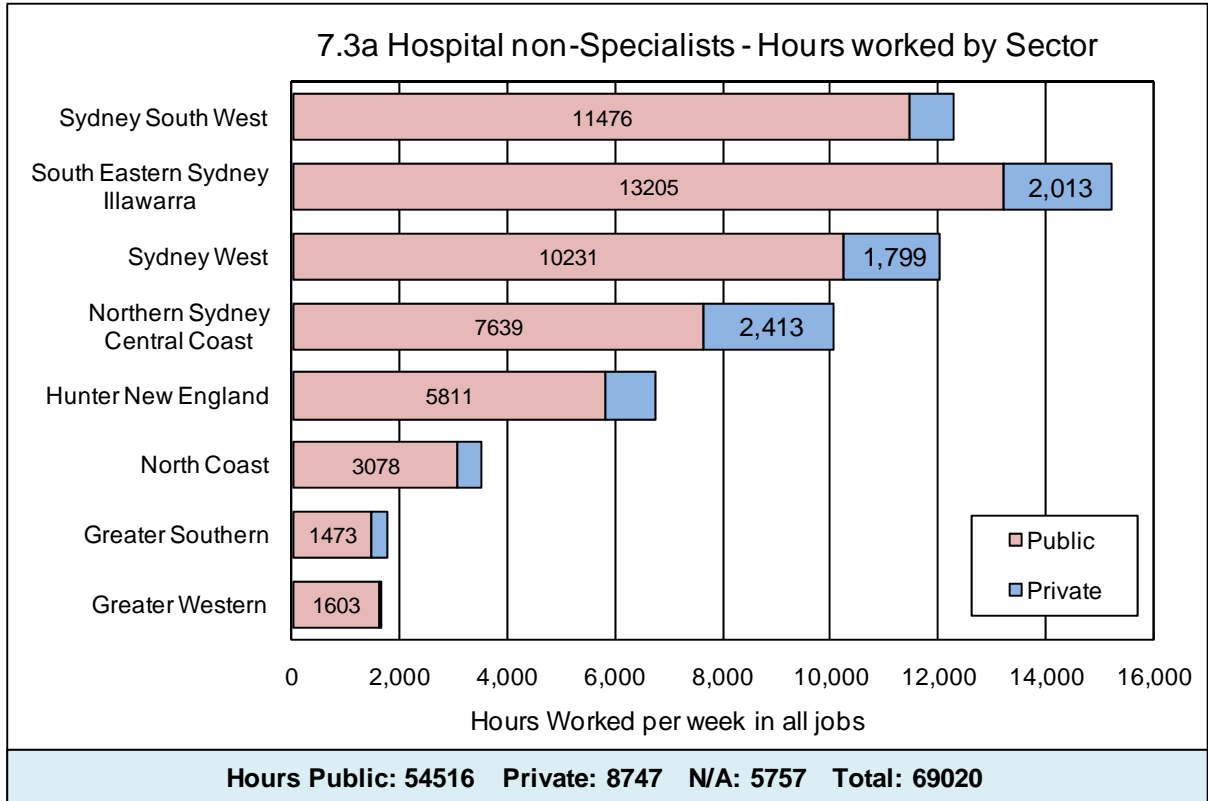
## 7.2 Location and Hospital Position

Hospital non specialists in their first years of residency are assigned to hospitals according to a model developed by the NSW Institute of Medical Education and Training (IMET). In later years, there is greater flexibility in choice of hospital. Chart 7.2a indicates position by the location of the hospital in which they work. In most Areas, the number of senior medical officers is similar to the number in their first two years indicating the overall mix of senior and junior medical officers is reasonably stable.



### 7.3 Sector of Work

Most hospital non specialists work in the public sector. However, private hospitals now have a considerable number of non specialist medical officers mainly located in Northern Sydney Central Coast, South Eastern Sydney Illawarra and Sydney West. In other Areas, the private sector is considerably smaller.



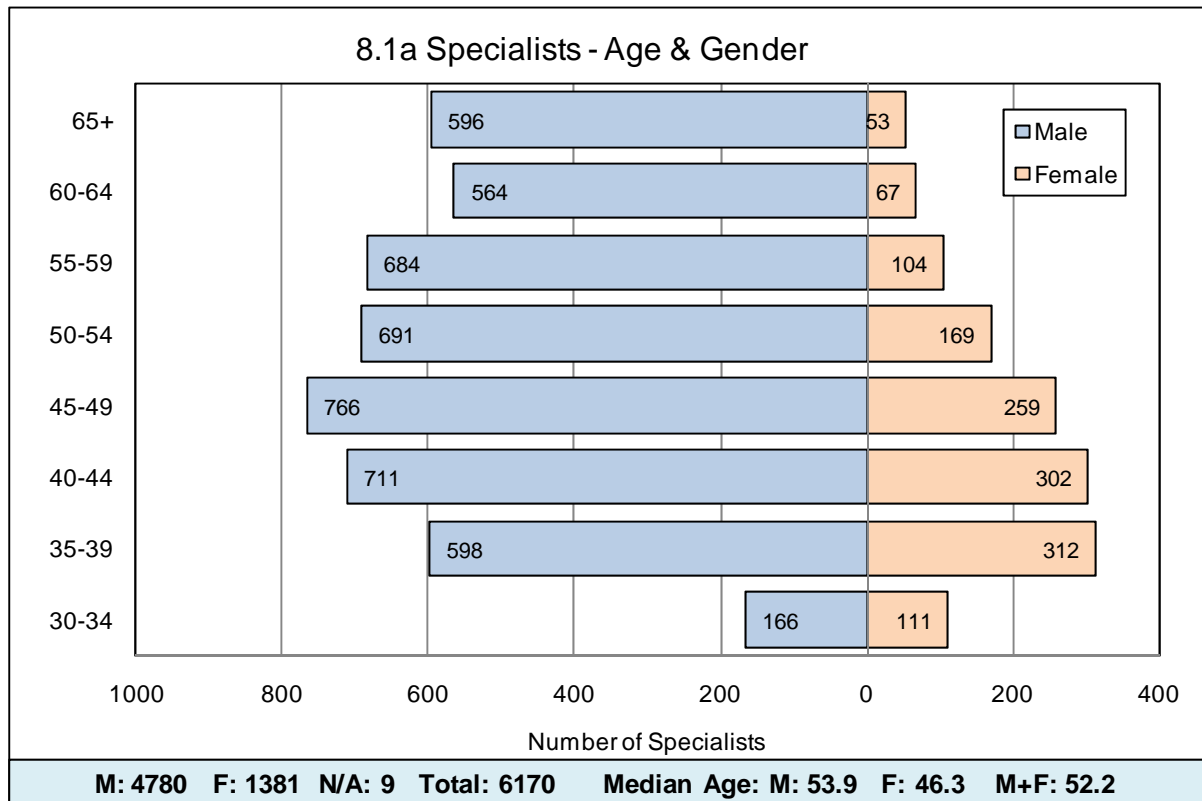
# 8

## SPECIALISTS

There were 6,170 respondents who stated that their main clinical activity was as a specialist practitioner. They worked for 266,014 hours equivalent to 6,475 FTE or 1.08 FTE per respondent. The median age of specialists was 52.2 years and women represented 22% of the labour force.

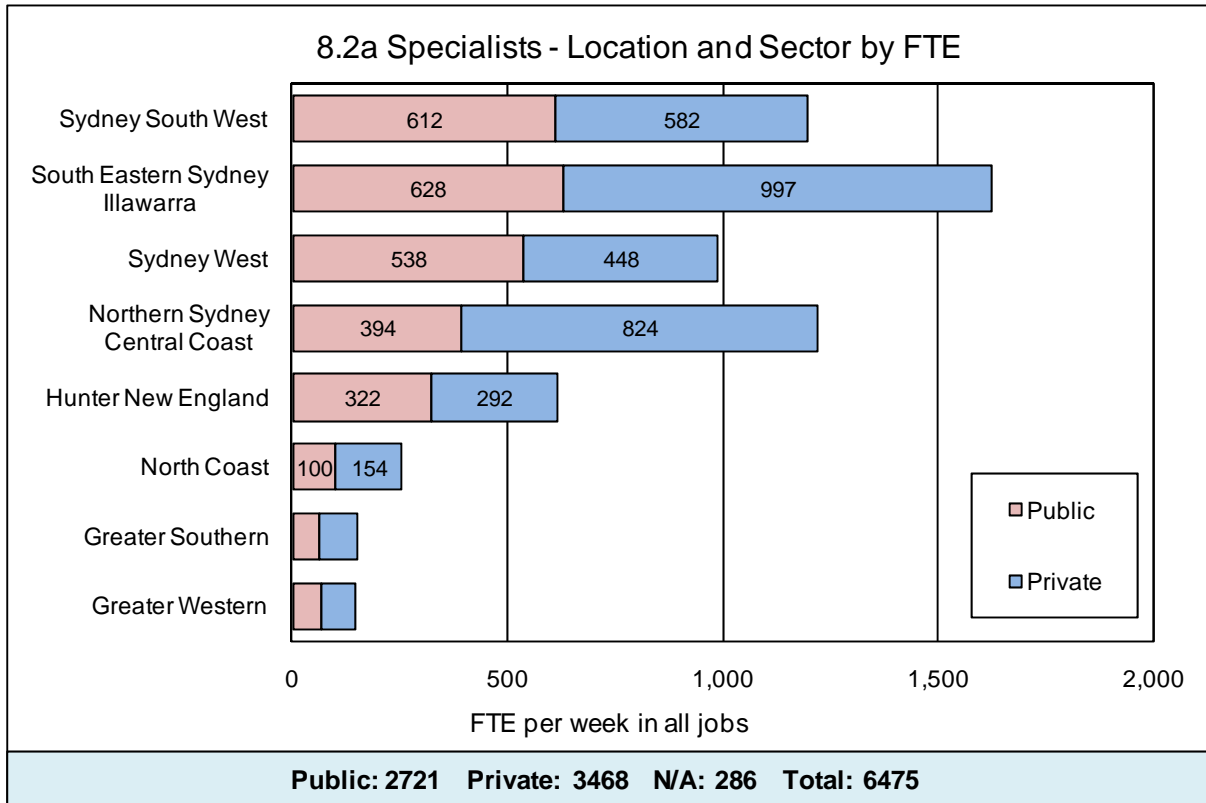
### 8.1 Age and Gender

The age and gender pyramid for specialists is shown as Chart 8.1a. It will be observed that men outnumber women although the gap diminishes with decreasing age. Indeed the highest number of female specialists occurs in the 35-39 age group compared to 45-49 for males. There are ten times as many male specialists for ages of 60 and over.

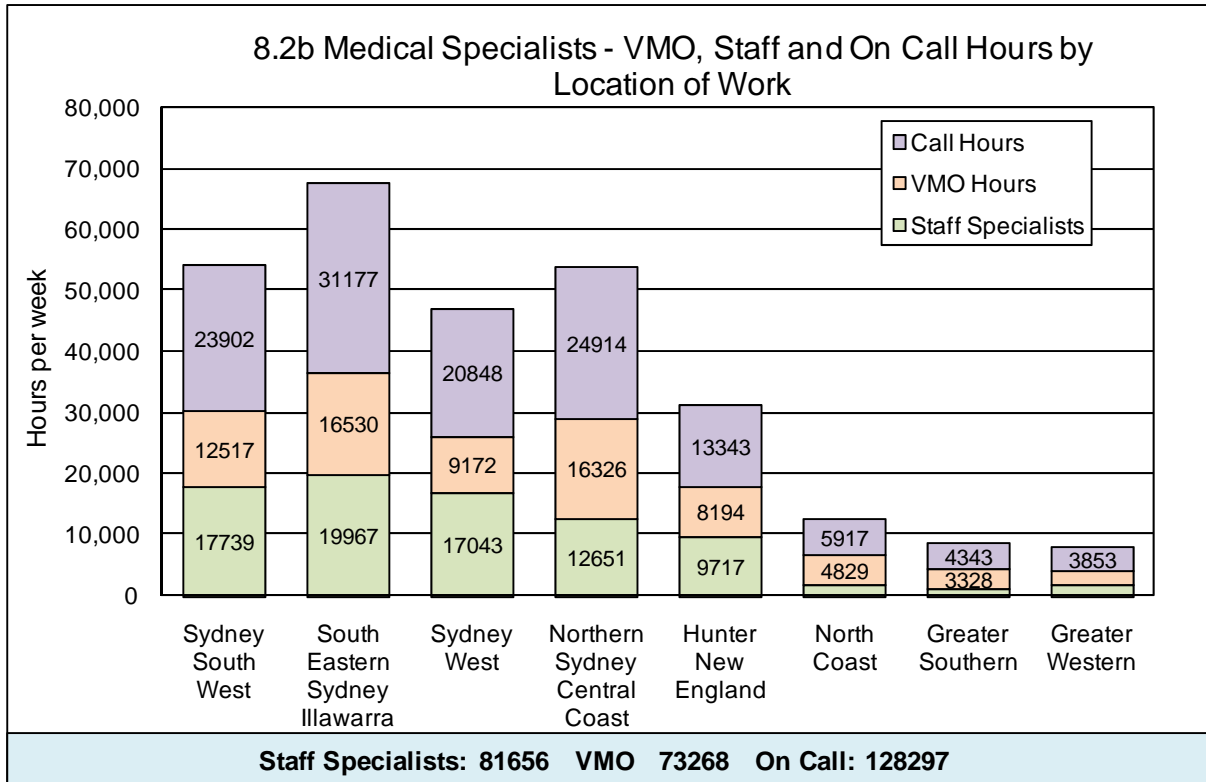


## 8.2 Location of Work

Chart 8.2a indicates the location and sector of work expressed in FTE. In Northern Sydney Central Coast and South Eastern Sydney Illawarra the private sector accounts for substantially more specialist activity, perhaps reflecting the large number of private hospitals in those Areas. Elsewhere the contribution of public and private sector work is comparable with public sector activity slightly greater in most Areas.

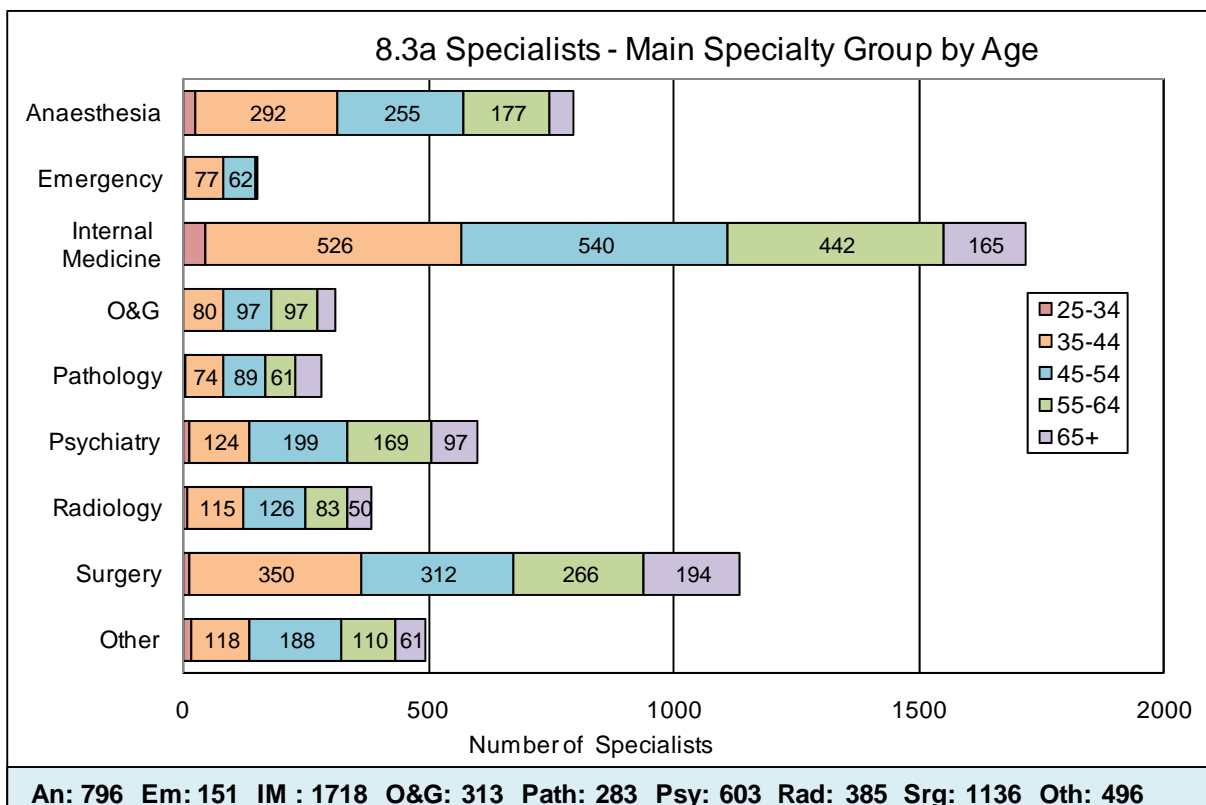


The hours worked as a visiting medical officer and as a staff specialist are shown in Chart 8.2b together with the hours on call but not worked. There are few staff specialist in the fully rural Areas. Also, the rural Areas experience a similar volume of on call hours to VMO hours while the metropolitan Areas have substantially more hours on call. Northern Sydney Central Coast has twice as many hours on call hours than worked as a visiting medical officer.

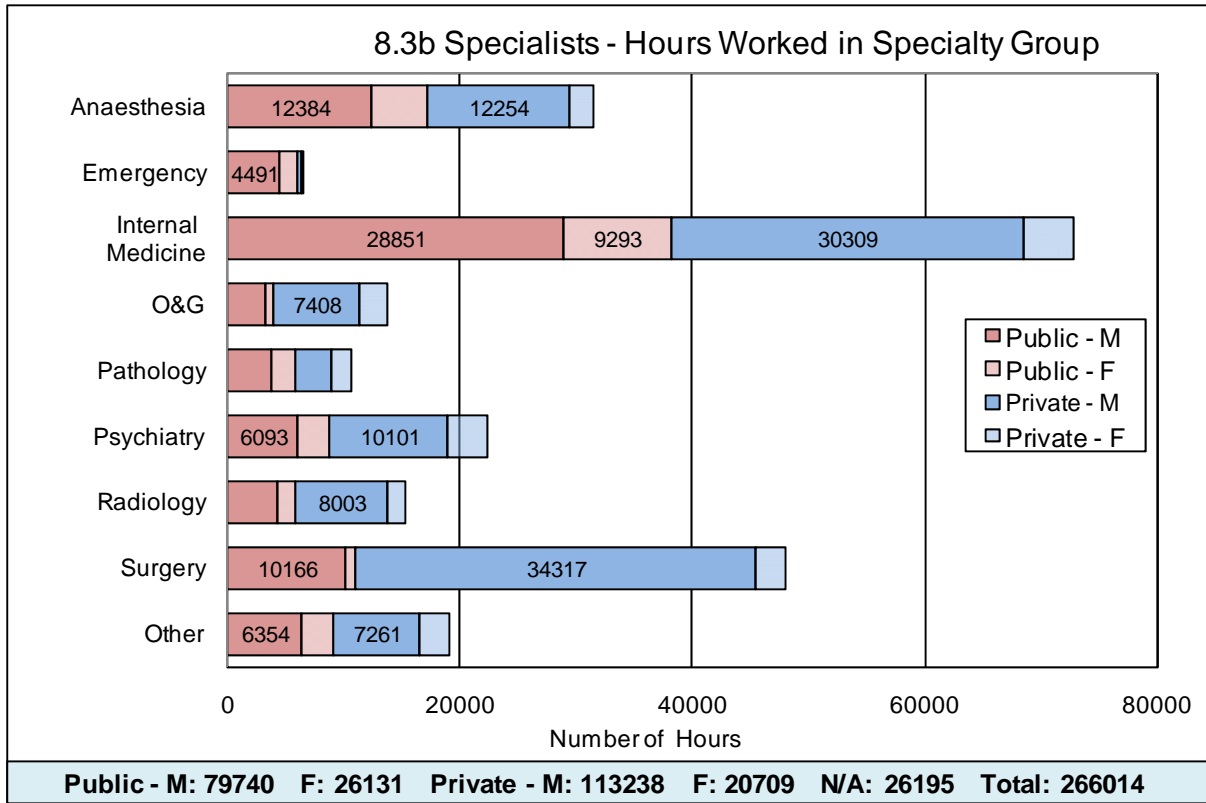


### 8.3 Nature of Specialty

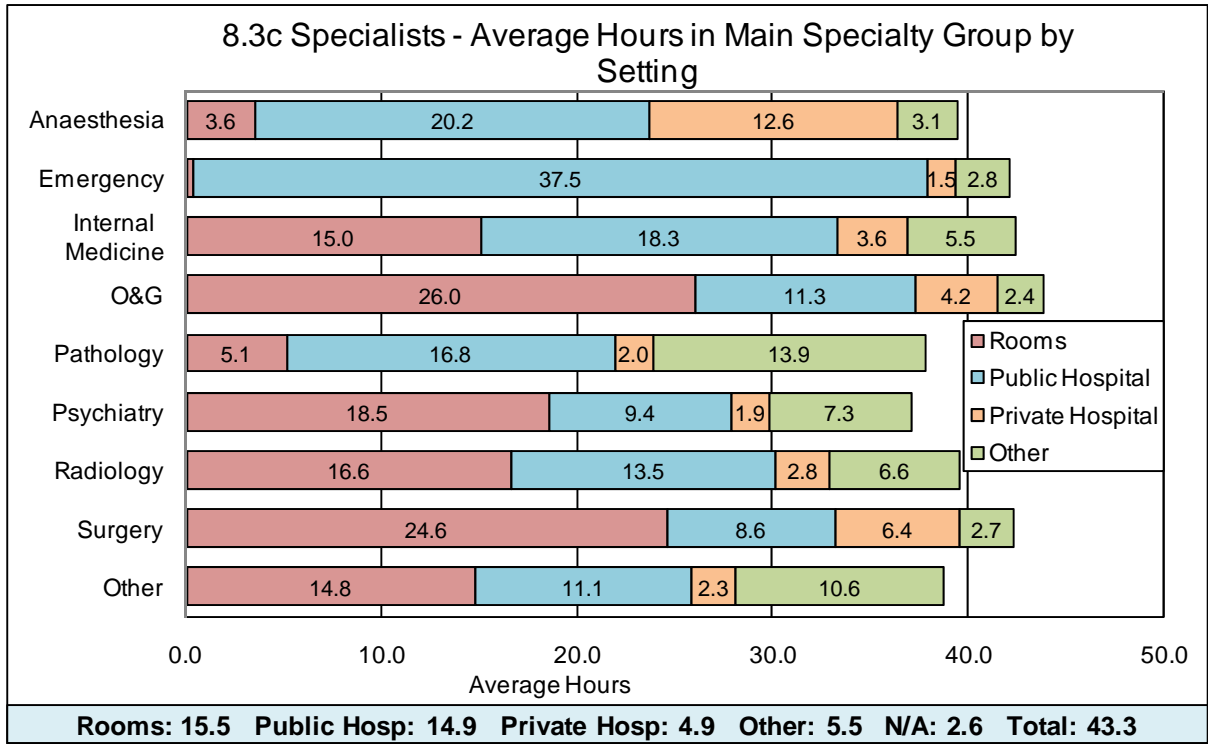
Specialty groups as designated by the Australian Institute of Health and Welfare (AIHW) are shown against age in Chart 8.3a. Anaesthesia, Emergency Medicine and Surgery have a younger workforce than the other specialty groups while Psychiatry and Obstetrics & Gynaecology have the oldest distribution.



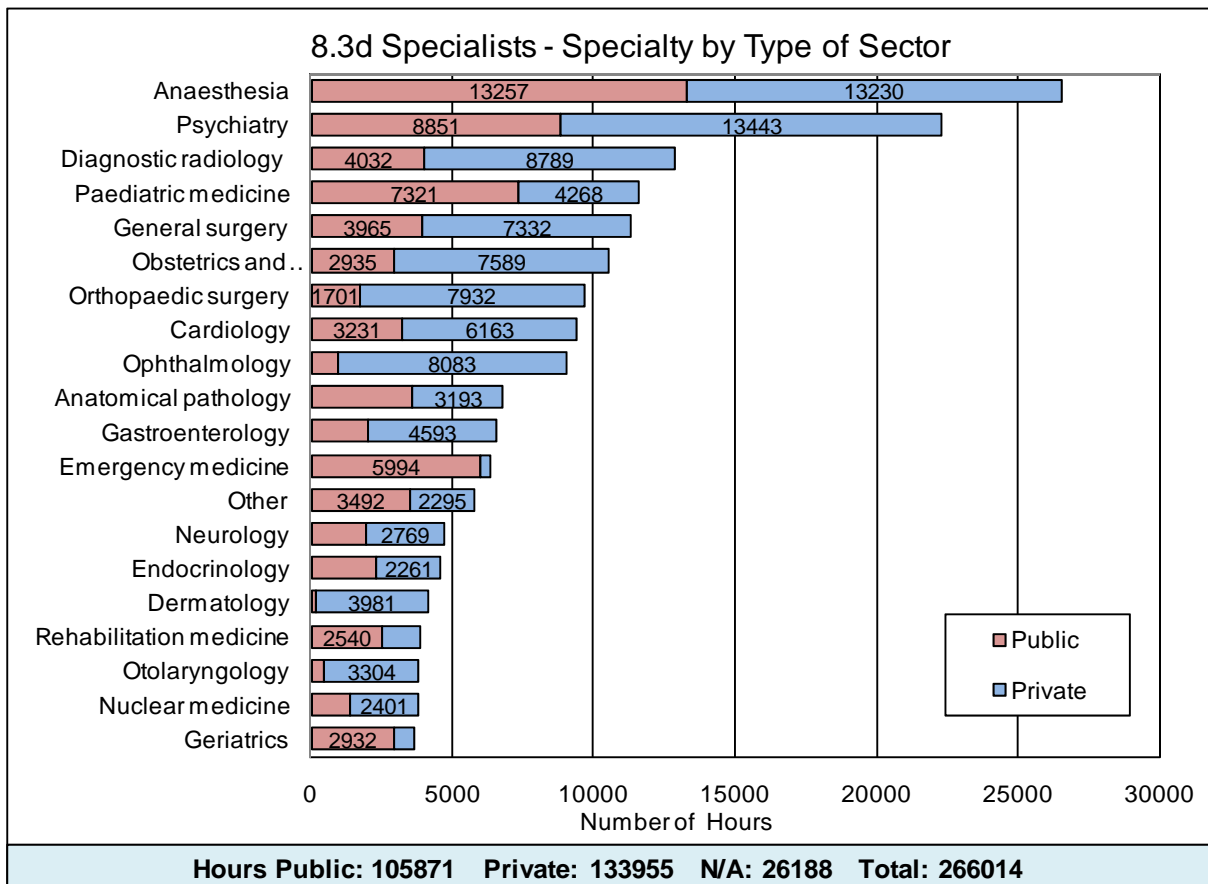
The hours worked in the public and private sector can be observed in Chart 8.3b. While the numbers are similar for many specialties, surgery is concentrated in private hospitals as is (to a lesser extent) obstetrics & gynaecology. Emergency medicine is the only specialty found mainly in the public sector. There are more males than females in all specialty groups but especially in surgery and radiology.



Average hours worked by major setting of work is depicted in Chart 8.3c. There is little difference in total hours worked for the various specialties with a range of only 6 hours between psychiatrists (the lowest average) and obstetricians & gynaecologists (the highest). However, substantial variation exists within the components. Obstetricians & gynaecologists have the greatest number of hours consulting in their private rooms, emergency medicine specialists spend by far the most time in public hospitals while anaesthetists work the most in the private hospital setting. Pathologists have the largest component elsewhere, presumably their laboratories.



We show the 20 leading individual specialties by public and private sector work in Chart 8.3d. Ophthalmologists, otolaryngologists and dermatologists work almost entirely in the private sector while emergency medicine clinicians and geriatricians are mainly working in the public sector.



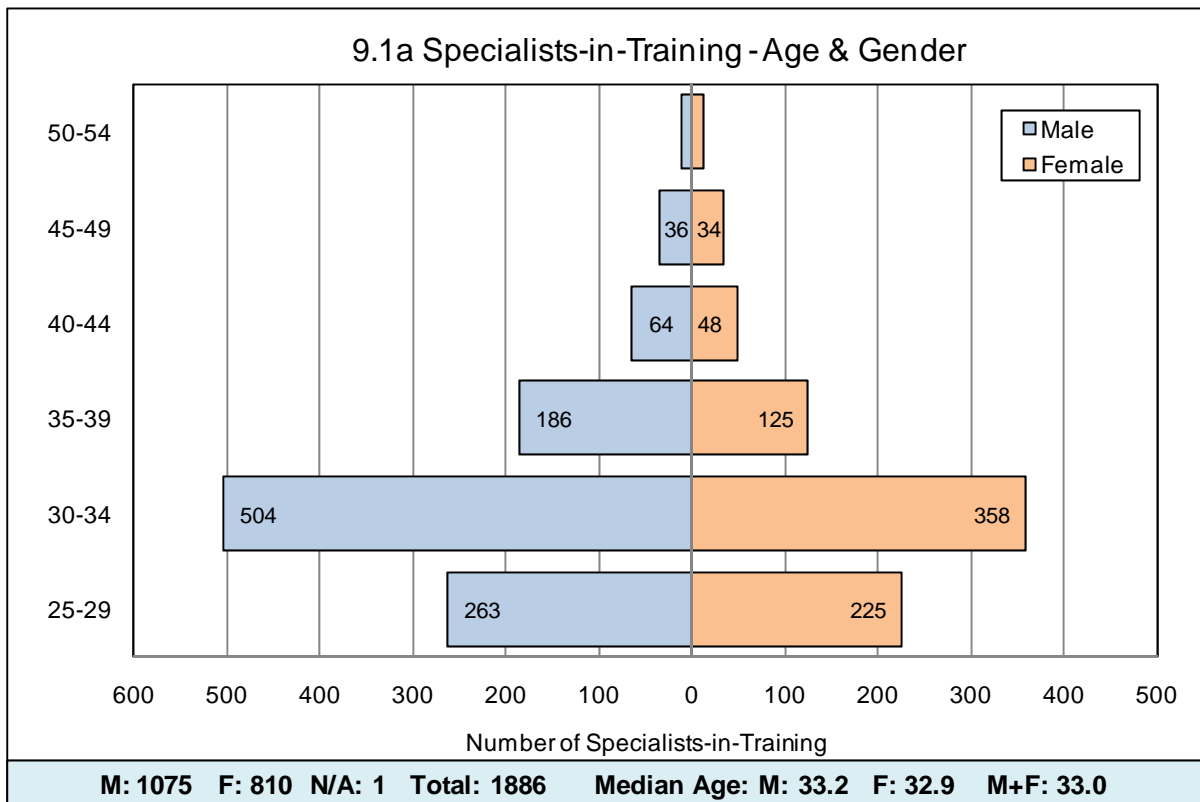
# 9

## SPECIALISTS IN TRAINING

There were 1,886 respondents who stated that their main clinical activity was as a specialist-in-training. They worked for 91,537 hours equivalent to 2,290 FTE or 1.21 FTE per respondent, the highest of any clinical category. The median age of specialists-in-training was 33.0 years and women represented 43% of the labour force.

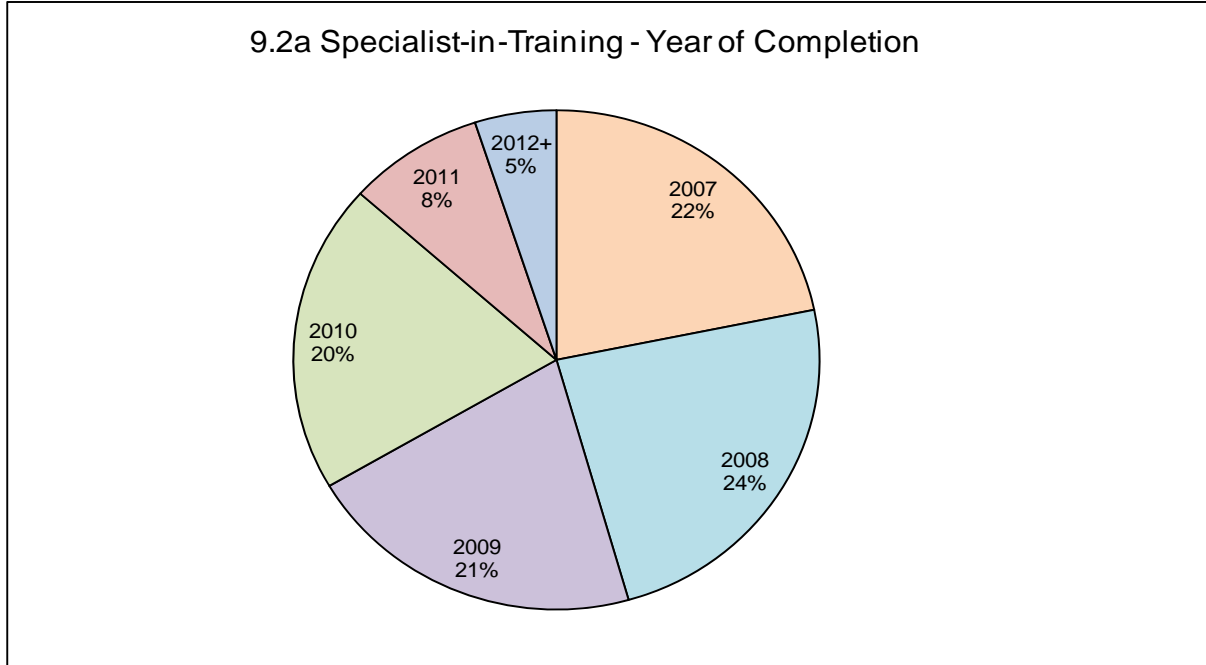
### 9.1 Age and Gender

Chart 9.1a indicates the age and gender of specialists-in-training. The great majority are aged between 25 and 34 with a slight excess of males but not as pronounced as for qualified specialists.



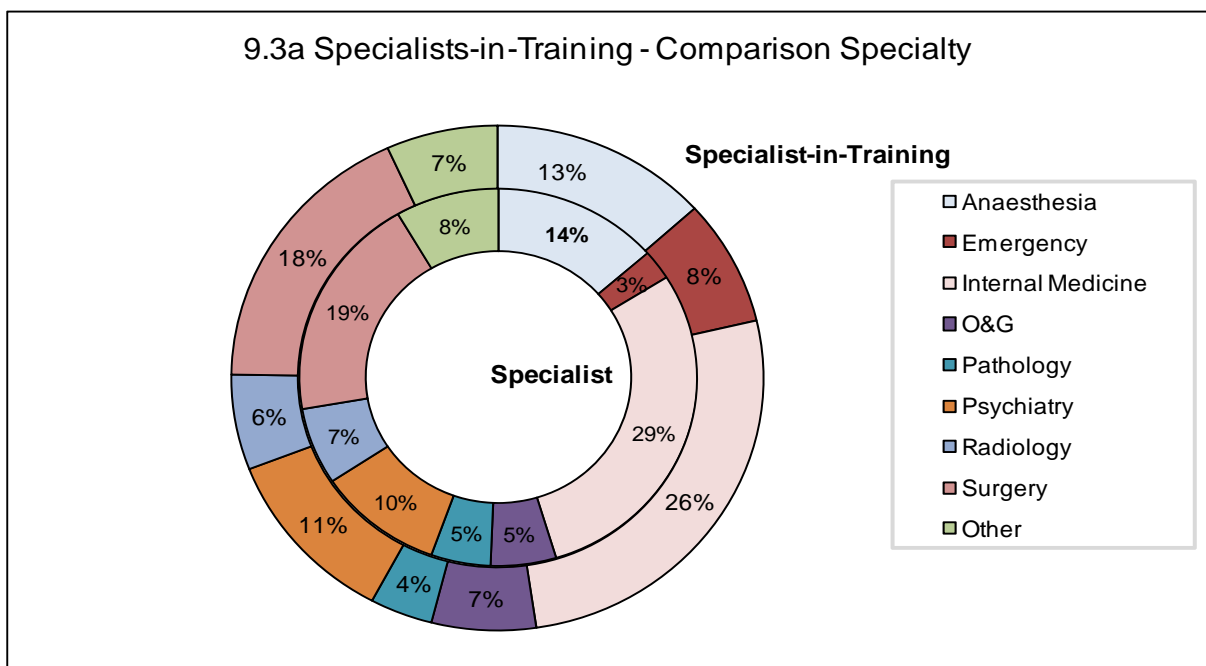
## 9.2 Year of Completion

A little more than 20% of the current specialists-in-training are due to complete their studies in each of the next four years. About 13% expect to complete training in 2011 or after.



## 9.3 Comparison with Specialist Fields

Chart 9.3a shows the specialty being studied by specialists-in-training compared to the existing specialties among fully qualified specialists. The major difference is for the expanding field of Emergency Medicine. It was found that 8% of specialists-in-training are working in this field against 3% of existing specialists. Obstetrics & gynaecology also shows a greater proportion of specialists-in-training. There is a reduced proportion for the various fields of internal medicine where 26% are training against an existing proportion of 29%.



# ADDENDUM

After the medical practitioner profile report for 2006 was completed, an extract of the register for 2005 became available for analysis. Comparable information from one year to the next was sufficient to allow this addendum to the report to be written although a five year period would have been preferable. The addendum includes a discussion of the characteristics of financial registrants, an estimate for the actual NSW workforce and a projection of medical practitioner registrations for 2006 and 2011.

## A1 Number of Registrants

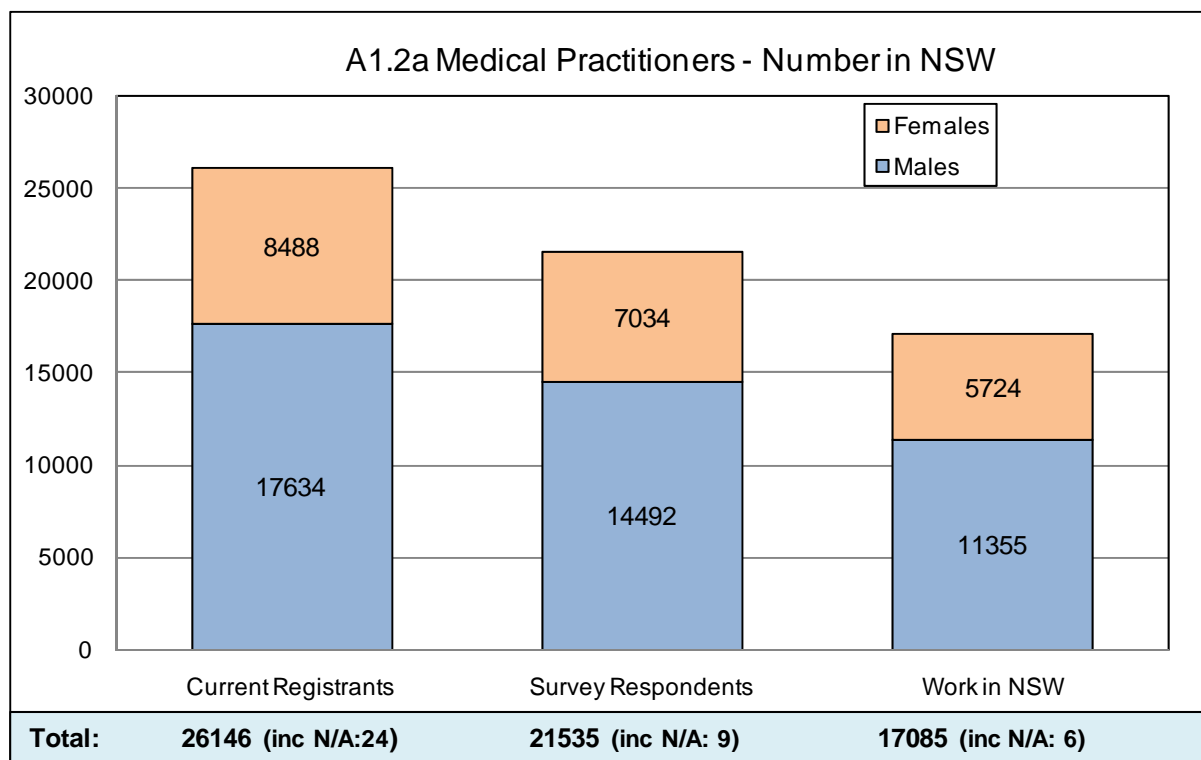
There were 31,596 financial registrants in 2006 distributed among 15 registration types as shown in Table A1.1. It will be observed that in four categories, the number of financial registrants is less than 20. A sixteenth registration type (historical) has no current registrants. Most of the registrants where gender is not known are medical students who have not yet completed the relevant forms.

**Table A1.1 Financial Registrants 2006**

	Male	Female	Not Stated	Total
Academic	3	0	0	3
AMC	57	90	0	147
Area of Need	174	66	1	241
Conditional Specialist	648	227	3	878
General Registration	15492	7663	17	23172
GP Trainee	44	65	0	109
Intern	199	270	0	469
Limited Prescribing	654	148	0	802
Non Practising	840	450	4	1294
Post Graduate Trainee	965	616	13	1594
Public Interest	3	2	0	5
Retired	107	35	0	142
Specialist Trainee	13	6	0	19
Student	787	1081	851	2719
Temporary Discretion	2	0	0	2
<b>TOTAL</b>	<b>19988</b>	<b>10719</b>	<b>889</b>	<b>31596</b>

Only general registrants may practice medicine free of conditions. However, certain other registrants in the categories of conditional specialist, practitioners with limited prescribing and referral rights, and non practising medical practitioners were also invited to complete survey forms. It should be noted that medical practitioners coming within the Area of Need registration do not complete survey forms and may be working in locations where general registrants are less represented. Consequently, the analysis of work location shown in the report may be influenced by survey bias.

Chart A1.2a shows the number of registrants applicable to the survey, the number of survey respondents and the number of persons in those categories stated to be working in NSW grouped by gender of the respondents.



The response rate for the applicable categories of registrants is 82.4%. Response rates for previous years are influenced by different methodologies and full comparability is not possible. The recorded response rates for the years 2003-2005 were 80.5%, 85.5% and 84.4% respectively.

## A2 Estimation of the Total Workforce Size

Previous reports in this series have proposed two methods for calculation of the actual size of the medical workforce. The first method used up to and including the year 2002 was based on assumptions that non respondents to the survey followed a pattern similar to that of respondents with additional assumptions for new entrants and restorations who do not receive a survey form.

The second method was used from 2003-2005 and is based on responses for occupation to the 2001 ABS Census of Population and Housing. The second method indicated a lower estimate of the workforce probably because a lesser proportion of non respondents to the survey work in NSW compared to the actual proportion of respondents. With the passing of time, the 2001 census becomes a less reliable yardstick to the current workforce. The 2006 ABS Census occupation data was released in November 2007.

There are clearly advantages and disadvantages to both methods. The major disadvantage to the first method is that it may not be reasonable to assume that non respondents distribute in the same way as respondents. Further, the assumption that 80% of medical practitioners restoring to the register should be working, appears very high. The major disadvantage to the second method is that the census responses are self selected as to occupation rather than under the control of a registration board. In addition, an estimate must be made for the number of practitioners on census and this is likely to be higher for the medical workforce than for the population as a whole.

If the first method were applied to the 2006 data, there were 17,085 survey respondents who work in NSW (79.4% of respondents). A calculation for similar distribution for non-respondents would indicate another 3,667 medical practitioners are working in NSW who had financial status in 2005. We note that this calculation yields a different result to previous years because of the change in response rate methodology.

We also require an assumption for those new entrants and restorations to applicable registration types who do not receive a form. This will depend upon their birth date and date of change in registration type. If the birth date falls after the registration change date, a survey form will be issued. Otherwise, no survey form will be issued until the following year.

It is reasonable to assume that both of these dates occur evenly throughout the year so that half of the new entrants/restorations received a form. The method now applies the proportions proposed in previous years. By adding 90% to half of the 1,071 new entrants and 80% to half of the 263 practitioners previously unfinancial, estimates are obtained for those that work in NSW.

**Table A2a Estimated Workforce of Medical Practitioners 2006 by Previous Non Response Assumptions**

Source of Estimate	Number
Survey Respondents	17,085
Non respondent Estimate	3,667
New Entrants	482
Previously Unfinancial	105
<b>Total</b>	<b>21,339</b>

The total of 21,339 compares to estimates of 20,203 21,646 and 21,429 for the years 2003-2005 respectively.

### **A3 Age and Gender of the Registrants**

The population in this section of the report are the 68,098 medical practitioners with general registration who were financial on 23 February 2007.

Chart A3.1a indicates the age bands for male registrants peaks between 45 and 54 whereas females are younger with a peak age band between 35 and 39. The numbers of men and women in medicine is similar at younger ages but at age 50, there are twice as many men and at age 65 there is a ratio of more than five times as many men as women.. The average age for women is 42 and for men is 49.

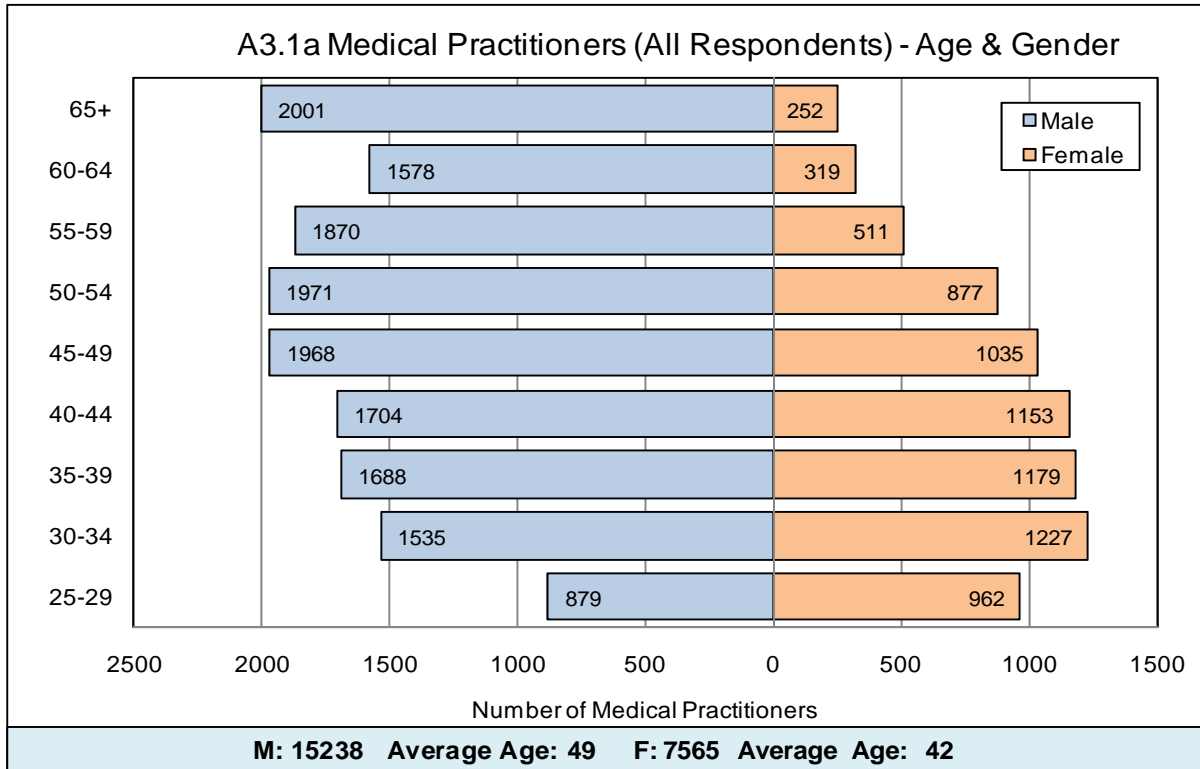
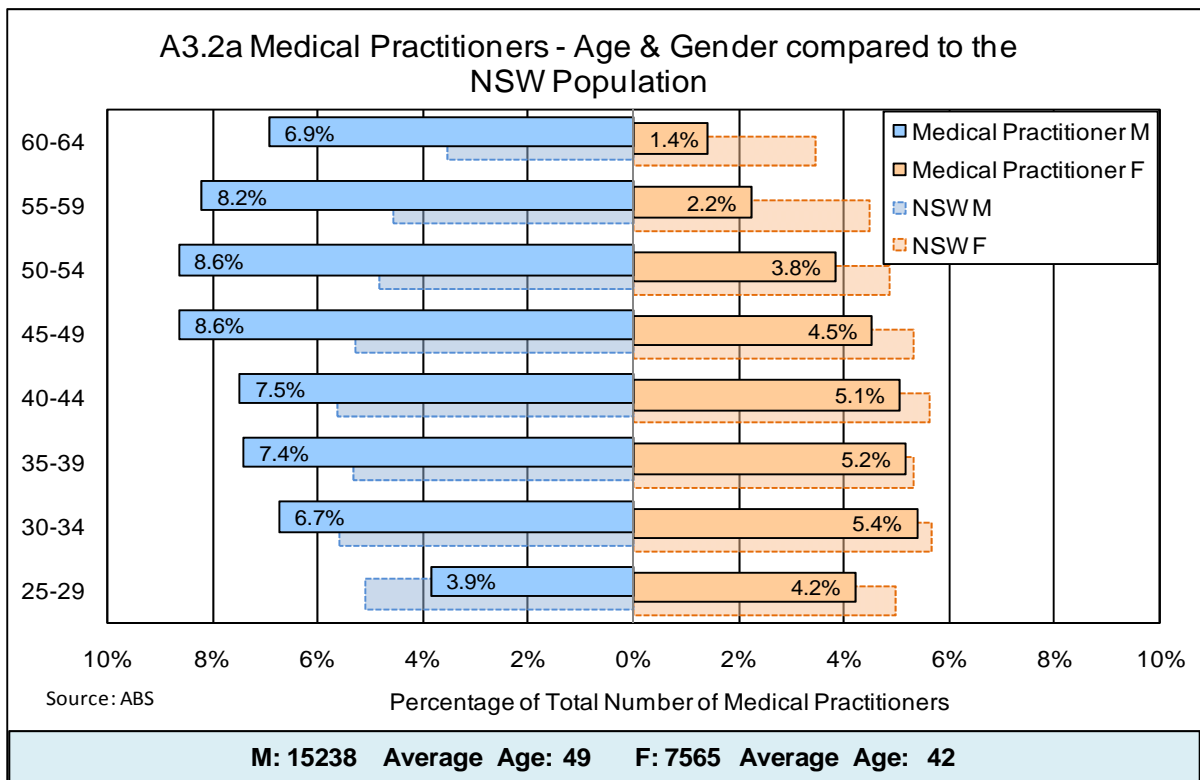


Chart A3.2a compares this percentage distribution with the NSW population at working ages in 2005<sup>2</sup> over the 25-64 year old cohorts. It will be observed that the percentage of men working as medical practitioners exceeds the population especially after the age of 45. For women, the proportions are similar to population at younger ages but become increasingly fewer in later years.

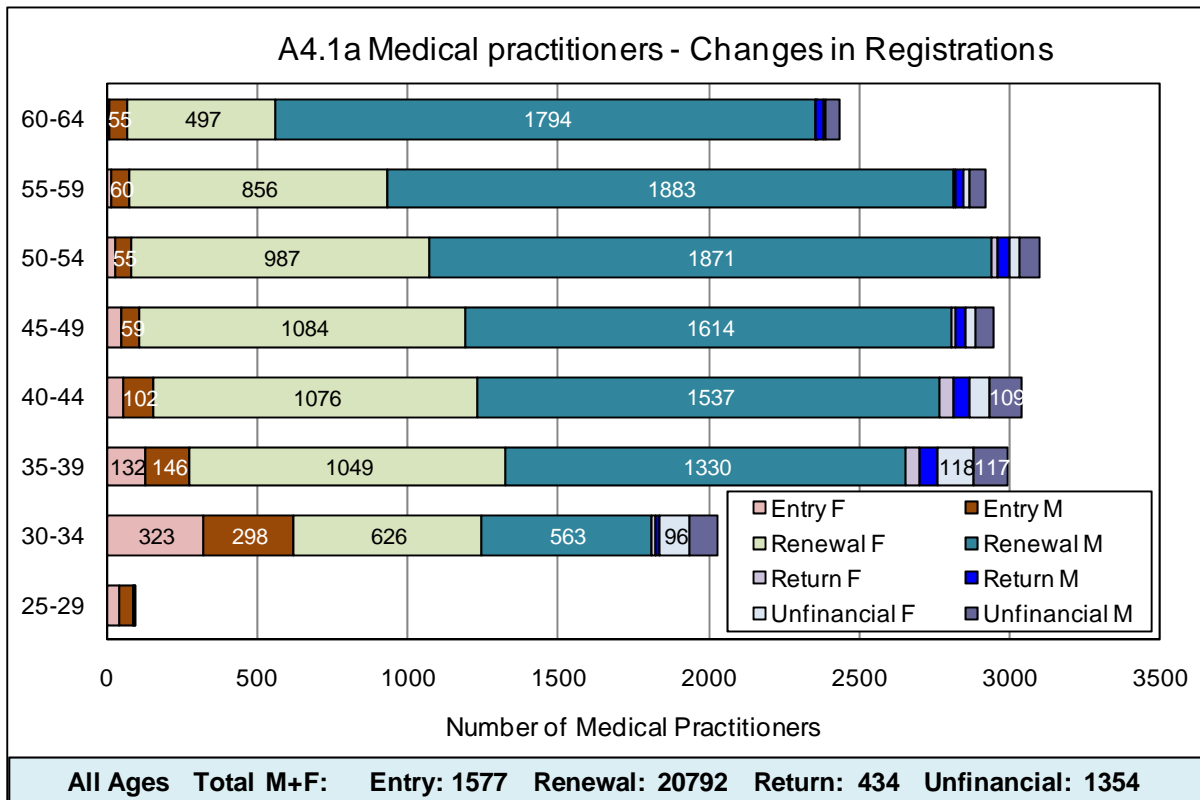


<sup>2</sup> Australian Bureau of Statistics *Population by Age & Sex New South Wales 2005* Catalogue No. 3235.1

## A4 Projected Changes to the Workforce

The medical profession is subject to considerable annual change resulting from short term international movement and the various forms of conditional registration imposed by the Board. Ideally, we would assess population change over a longer period, probably 5 years, in order to reduce the noise effects of short term changes. However, only the 2005 data were available. The projection has been made for **general registrants only**, which presents a more stable pattern than the somewhat larger population meeting eligibility for survey. The method is similar to that used by demographers for studies of population over time.

The movement rates are shown in Chart A4.1a. While most new entrants are in the younger age bands, older medical practitioners also obtain first registration usually via original qualification overseas followed by assessment for Australian requirements. Apart from some fluctuation in the early years of their career, movement out of general registration does not usually occur until after the age of 70.



Projections of the population were undertaken for the next 5 and 10 year period assuming the age shifts over the year 2006 were to continue into the future. The result, shown in Chart A4.2a would be an increase in the number of medical practitioners with general registration of around 600 per annum of whom almost 400 will be women. The total number of medical practitioners to 2016 is projected to increase by 6,570 or 29% in ten years. However, we would caution against reliance of a figure based on 1 year of data.

